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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/642,660	08/22/2000	Jonathan Schneck	01107.00042	9271
22907	7590	09/09/2010	EXAMINER	
BANNER & WITCOFF, LTD.			YAEN, CHRISTOPHER H	
1100 13th STREET, N.W.				
SUITE 1200			ART UNIT	PAPER NUMBER
WASHINGTON, DC 20005-4051			1643	
			MAIL DATE	DELIVERY MODE
			09/09/2010	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



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Board of Patent Appeals and Interferences

BANNER & WITCOFF, LTD.
1100 13TH STREET, N.W.
SUITE 1200
WASHINGTON, DC 20005-4051

Appeal No: 2009-012725
Appellant: Jonathan Schneck, Sean O'Herrin, Micheal S. Lebowitz,
Application No: Abdel Hamad et al.
Hearing Room: 09/642,660
Hearing Docket: A
Hearing Date: A
Hearing Time: Thursday, October 14, 2010
Location: 09:00 AM
Madison Building - East Wing
600 Dulany Street, 9th Floor
Alexandria, Virginia 22313-1450

NOTICE OF HEARING
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: HEARING ATTENDANCE CONFIRMED HEARING ATTENDANCE WAIVED

Signature of Attorney/Agent/Appellant

Date

Registration No.

Names of other visitors expected to accompany counsel: _____

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